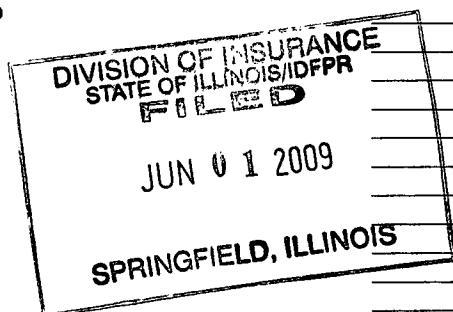


## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2009.

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability       |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 2. Automobile Physical Damage |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 3. Liability Other than Auto  |                                             |                                     |
| 4. Burglary and Theft         |                                             |                                     |
| 5. Glass                      |                                             |                                     |
| 6. Fidelity                   |                                             |                                     |
| 7. Surety                     |                                             |                                     |
| 8. Boiler and Machinery       |                                             |                                     |
| 9. Fire                       |                                             |                                     |
| 10. Extended Coverage         |                                             |                                     |
| 11. Inland Marine             |                                             |                                     |
| 12. Homeowners                |                                             |                                     |
| 13. Commercial Multi-Peril    |                                             |                                     |
| 14. Crop Hail                 |                                             |                                     |
| 15. Workers Compensation      | 120,198,262                                 | + 2.7 %                             |
| 16. Other _____               |                                             |                                     |
| Line of Insurance             |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See cover letter;  
(Adopt 1/1/09 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

*Amended Effective Date*ACE AMERICAN INSURANCE COMPANY  
Name of CompanySteve Kreider – WC Associate Product Manager  
Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 4/1/2009

| (1)                                    | (2)                                          | (3)                                  |
|----------------------------------------|----------------------------------------------|--------------------------------------|
| <u>Coverage</u>                        | <u>Annual Premium<br/>Volume (Illinois)*</u> | <u>Percent<br/>Change (+ or -)**</u> |
| 1. Automobile Liability                |                                              |                                      |
| Private Passenger                      |                                              |                                      |
| Commercial                             |                                              |                                      |
| 2. Automobile Physical Damage          |                                              |                                      |
| Private Passenger                      |                                              |                                      |
| Commercial                             |                                              |                                      |
| 3. Liability Other Than Auto           |                                              |                                      |
| 4. Burglary and Theft                  |                                              |                                      |
| 5. Glass                               |                                              |                                      |
| 6. Fidelity                            |                                              |                                      |
| 7. Surety                              |                                              |                                      |
| 8. Boiler and Machinery                |                                              |                                      |
| 9. Fire                                |                                              |                                      |
| 10. Extended Coverage                  |                                              |                                      |
| 11. Inland Marine                      |                                              |                                      |
| 12. Homeowners                         |                                              |                                      |
| 13. Commercial Multi-Peril             |                                              |                                      |
| 14. Crop Hail                          |                                              |                                      |
| 15. Other <u>Workers' Compensation</u> | \$1,656,547                                  | 5.60%                                |
| <u>Line of Insurance</u>               |                                              |                                      |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the list of  
credited classes to delete 3066 and add 3076 since NCCI has discontinued class 3066.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting  
NCCI Loss Costs (IL-2008-07). There is no change to our Loss Cost Multipliers.

\*Adjusted to reflect all prior rate changes.

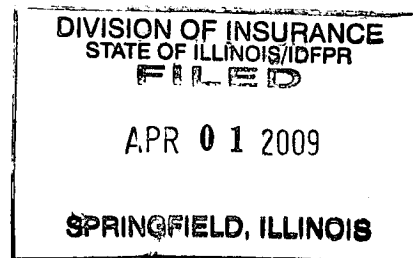
\*\*Change in Company's premium level which will result from application of new rates.

Addison Insurance Company

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title



**FORM (RF-3) ESTIMATED  
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
01/01/2009

| (1)                                           | (2)                      | (3)                         |
|-----------------------------------------------|--------------------------|-----------------------------|
| Coverage                                      | Annual Premium<br>Volume | Percent<br>Change (+or-) ** |
| 1. Auto Liability                             |                          |                             |
| Private Passenger                             | N/A                      | N/A                         |
| Commercial                                    | N/A                      | N/A                         |
| 2. Auto Physical Damage                       |                          |                             |
| Private Passenger                             | N/A                      | N/A                         |
| Commercial                                    | N/A                      | N/A                         |
| 3. Liability Other Than<br>Auto               | N/A                      | N/A                         |
| 4. Burglary & Theft                           | N/A                      | N/A                         |
| 5. Glass                                      | N/A                      | N/A                         |
| 6. Fidelity                                   | N/A                      | N/A                         |
| 7. Surety                                     | N/A                      | N/A                         |
| 8. Boiler & Machinery                         | N/A                      | N/A                         |
| 9. Fire                                       | N/A                      | N/A                         |
| 10. Extended Coverage                         | N/A                      | N/A                         |
| 11. Inland Marine                             | N/A                      | N/A                         |
| 12. Homeowners                                | N/A                      | N/A                         |
| 13. Commercial Multi-Peril                    | N/A                      | N/A                         |
| 14. Crop Hail                                 | N/A                      | N/A                         |
| 15. Other Workers Comp<br>(Line of Insurance) | \$61746                  | -2%                         |

Does filing only apply to certain territory (territories) or certain classes?  
NO If so, specify:

Brief description of filing. (If filing follows the rates of an advisory organization's specify organization): We are withdrawing the NCCI 3% rate charge for terrorism. The coverage is still provided but at no charge (0%). We are also adopting the NCCI Voluntary Advisory rates which are effective 1/1/09.

\*\* Change in Company's premium level which will result from application of new rates.

American Country Insurance Company, Inc.  
Name of Company

Tom Gannon, Compliance Manager  
Official Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$5,238,666</u>                          | <u>+9.8</u>                         |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

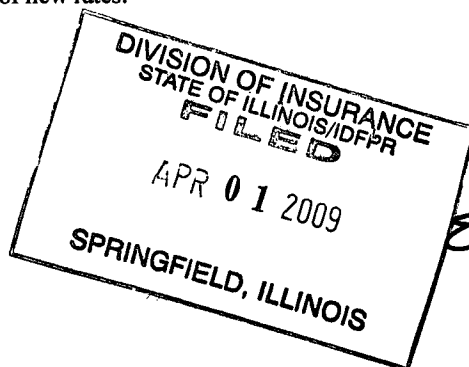
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.49 to 1.61.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Economy Insurance  
Company

Name of Company

*Eric B. Ummel*Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$5,758,482</u>                          | <u>+10.4</u>                        |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

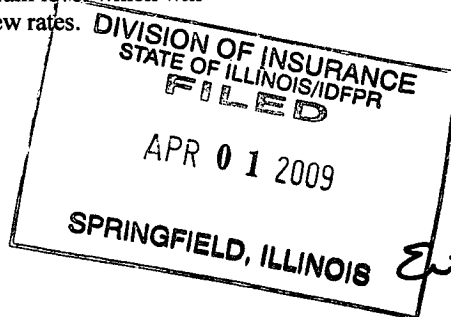
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.66 to 1.79.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American States Insurance  
Company

Name of Company

Eric B. UmmelEric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 3/1/09

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability       |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 2. Automobile Physical Damage |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 3. Liability Other Than Auto  |                                             |                                     |
| 4. Burglary and Theft         |                                             |                                     |
| 5. Glass                      |                                             |                                     |
| 6. Fidelity                   |                                             |                                     |
| 7. Surety                     |                                             |                                     |
| 8. Boiler and Machinery       |                                             |                                     |
| 9. Fire                       |                                             |                                     |
| 10. Extended Coverage         |                                             |                                     |
| 11. Inland Marine             |                                             |                                     |
| 12. Homeowners                |                                             |                                     |
| 13. Commercial Multi-Peril    |                                             |                                     |
| 14. Crop Hail                 |                                             |                                     |
| 15. Other                     |                                             |                                     |
| Workers' Compensation         | \$3,767.31                                  | +3.62%                              |
| Line of Insurance             |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

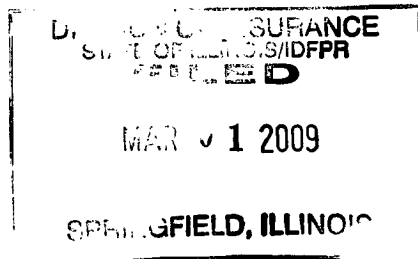
No

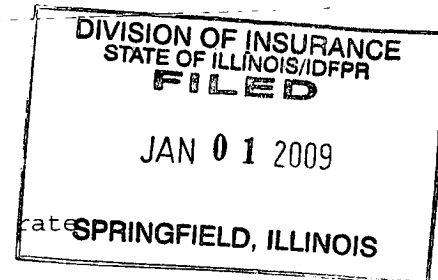
Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI's 1/1/09 Rate Revision with 0.97 deviation to the rates and a change in the effective date to 3/1/09.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Ansur America Insurance Company  
Name of CompanyWanda Raymond  
R&D Senior Associate  
Official - Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/09

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$150,962</u>                            | <u>+3.8 %</u>                       |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adoption of the NCCI Loss Costs IL-2008-13  
Maintaining Current multipliers. We are  
also filing a revision to our Installment  
Premium Payment Plan.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Atlantic Specialty Insurance Company  
Name of Company

*Cheryl R. Turner*

Cheryl R. Turner, Assistant Vice President Workers  
Compensation

Official -Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 03/01/2009

| (1)<br><u>Coverage</u>                                        | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1. Automobile Liability Private<br>Passenger Commercial       |                                                     |                                             |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |                                                     |                                             |
| 3. Liability Other Than Auto                                  |                                                     |                                             |
| 4. Burglary and Theft                                         |                                                     |                                             |
| 5. Glass                                                      |                                                     |                                             |
| 6. Fidelity                                                   |                                                     |                                             |
| 7. Surety                                                     |                                                     |                                             |
| 8. Boiler and Machinery                                       |                                                     |                                             |
| 9. Fire                                                       |                                                     |                                             |
| 10. Extended Coverage                                         |                                                     |                                             |
| 11. Inland Marine                                             |                                                     |                                             |
| 12. Homeowners                                                |                                                     |                                             |
| 13. Commercial Multi-Peril                                    |                                                     |                                             |
| 14. Crop Hail                                                 |                                                     |                                             |
| 15. Other <u>Workers Compensation</u><br>Line of Insurance    | \$63,438,580.                                       | +3.8%                                       |

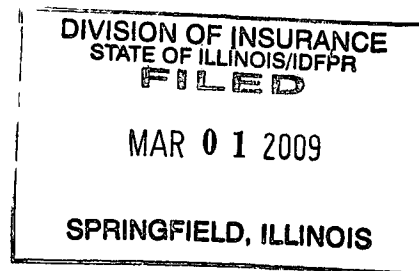
 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/09. Please reference NCCI circulars IL-2008-09 and IL-2008-07.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company  
 Name of Company

Connie Peteronjes - Analyst  
 Official - Title




# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 03/01/2009

| (1)<br><u>Coverage</u>                                        | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1. Automobile Liability Private<br>Passenger Commercial       |                                                     |                                             |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |                                                     |                                             |
| 3. Liability Other Than Auto                                  |                                                     |                                             |
| 4. Burglary and Theft                                         |                                                     |                                             |
| 5. Glass                                                      |                                                     |                                             |
| 6. Fidelity                                                   |                                                     |                                             |
| 7. Surety                                                     |                                                     |                                             |
| 8. Boiler and Machinery                                       |                                                     |                                             |
| 9. Fire                                                       |                                                     |                                             |
| 10. Extended Coverage                                         |                                                     |                                             |
| 11. Inland Marine                                             |                                                     |                                             |
| 12. Homeowners                                                |                                                     |                                             |
| 13. Commercial Multi-Peril                                    |                                                     |                                             |
| 14. Crop Hail                                                 |                                                     |                                             |
| 15. Other <u>Workers Compensation</u><br>Line of Insurance    | \$7,830,996.                                        | +3.2%                                       |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/09. Please reference NCCI circulars IL-2008-09 and IL-2008-07.

\*Adjusted to reflect all prior rate changes.

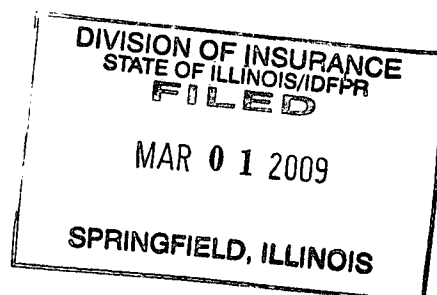
\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company

Name of Company

Connie Petertonies - Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 03/01/2009

| (1)<br><u>Coverage</u>                                        | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1. Automobile Liability Private<br>Passenger Commercial       |                                                     |                                             |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |                                                     |                                             |
| 3. Liability Other Than Auto                                  |                                                     |                                             |
| 4. Burglary and Theft                                         |                                                     |                                             |
| 5. Glass                                                      |                                                     |                                             |
| 6. Fidelity                                                   |                                                     |                                             |
| 7. Surety                                                     |                                                     |                                             |
| 8. Boiler and Machinery                                       |                                                     |                                             |
| 9. Fire                                                       |                                                     |                                             |
| 10. Extended Coverage                                         |                                                     |                                             |
| 11. Inland Marine                                             |                                                     |                                             |
| 12. Homeowners                                                |                                                     |                                             |
| 13. Commercial Multi-Peril                                    |                                                     |                                             |
| 14. Crop Hail                                                 |                                                     |                                             |
| 15. Other <u>Workers Compensation</u><br>Line of Insurance    | \$11,268,486.                                       | +3.4%                                       |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/09. Please reference NCCI circulars IL-2008-09 and IL-2008-07.

\*Adjusted to reflect all prior rate changes.

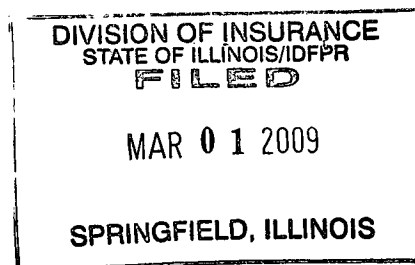
\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Connie Petertonjes - Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 2/1/2009

| (1)<br><u>Coverage</u>                                        | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1. Automobile Liability Private<br>Passenger Commercial       |                                                     |                                             |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |                                                     |                                             |
| 3. Liability Other Than Auto                                  |                                                     |                                             |
| 4. Burglary and Theft                                         |                                                     |                                             |
| 5. Glass                                                      |                                                     |                                             |
| 6. Fidelity                                                   |                                                     |                                             |
| 7. Surety                                                     |                                                     |                                             |
| 8. Boiler and Machinery                                       |                                                     |                                             |
| 9. Fire                                                       |                                                     |                                             |
| 10. Extended Coverage                                         |                                                     |                                             |
| 11. Inland Marine                                             |                                                     |                                             |
| 12. Homeowners                                                |                                                     |                                             |
| 13. Commercial Multi-Peril                                    |                                                     |                                             |
| 14. Crop Hail                                                 |                                                     |                                             |
| 15. Other <u>Workers Compensation</u>                         | 55,761                                              | -0.8%                                       |
| Line of Insurance                                             |                                                     |                                             |

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

Adoption of NCCI 1-1-2009 loss costs

\*Adjusted to reflect all prior rate changes.

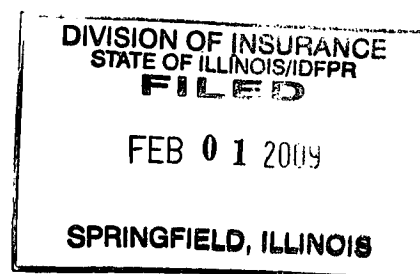
\*\*Change in Company's premium level which will result from application of new rates.

DaimlerChrysler Insurance Company

Name of Company

Michelle Freitag, Consulting Actuary

Official – Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/09

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$520,880</u>                            | <u>+3.8%</u>                        |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2008-13  
Maintain current multiplier. We are also  
filing a revision to our Installment  
Premium Payment Plan.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

Employers Fire Insurance Company

Name of Company

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

DEC 29 2008

SPRINGFIELD, ILLINOIS

*Cheryl R. Turner*

Cheryl R. Turner, Assistant Vice President Workers  
Compensation

Official -Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$3,463,802</u>                          | <u>+3.5</u>                         |
| <u>Line of Insurance</u>              |                                             |                                     |

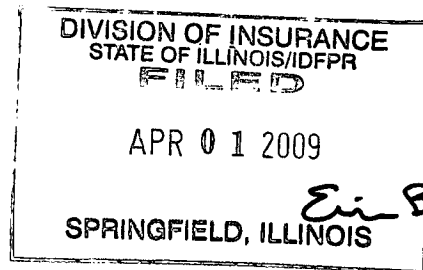
Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.85 to 1.87.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.First National Insurance Company  
of AmericaName of CompanyEric B. Ummel  
Vice President, Commercial Lines  
Product ManagementOfficial - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/09

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability       |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 2. Automobile Physical Damage |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 3. Liability Other Than Auto  |                                             |                                     |
| 4. Burglary and Theft         |                                             |                                     |
| 5. Glass                      |                                             |                                     |
| 6. Fidelity                   |                                             |                                     |
| 7. Surety                     |                                             |                                     |
| 8. Boiler and Machinery       |                                             |                                     |
| 9. Fire                       |                                             |                                     |
| 10. Extended Coverage         |                                             |                                     |
| 11. Inland Marine             |                                             |                                     |
| 12. Homeowners                |                                             |                                     |
| 13. Commercial Multi-Peril    |                                             |                                     |
| 14. Crop Hail                 |                                             |                                     |
| 15. Other      Workers'       | \$107,045.16                                | +1.15%                              |
| Compensation                  |                                             |                                     |
| Line of Insurance             |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopt NCCI's 1/1/09 Rate Revision with no deviation to the rates, just a change in the effective date to 3/1/09.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

STATE OF ILLINOIS/IDFPR  
FILED

MAR 01 2009

SPRINGFIELD, ILLINOIS

Frankenmuth Mutual Insurance Com

Name of Company

Wanda Raymond

R&D Senior Associate

Official - Title

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$2,225,394</u>                          | <u>+10.7</u>                        |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

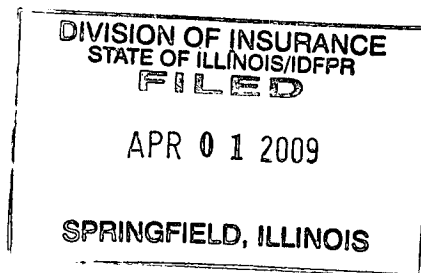
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.82 to 1.97.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

General Insurance Company of  
America

Name of Company

*Eric B. Ummel*Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

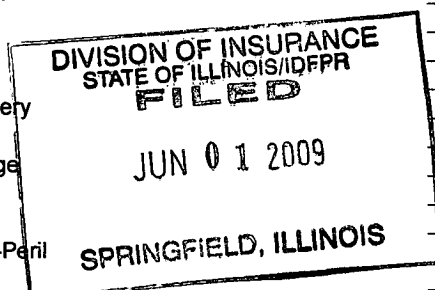
Official - Title

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01-01-2009 *06-01-09*

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability       |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 2. Automobile Physical Damage |                                             |                                     |
| Private Passenger             |                                             |                                     |
| Commercial                    |                                             |                                     |
| 3. Liability Other than Auto  |                                             |                                     |
| 4. Burglary and Theft         |                                             |                                     |
| 5. Glass                      |                                             |                                     |
| 6. Fidelity                   |                                             |                                     |
| 7. Surety                     |                                             |                                     |
| 8. Boiler and Machinery       |                                             |                                     |
| 9. Fire                       |                                             |                                     |
| 10. Extended Coverage         |                                             |                                     |
| 11. Inland Marine             |                                             |                                     |
| 12. Homeowners                |                                             |                                     |
| 13. Commercial Multi-Peril    |                                             |                                     |
| 14. Crop Hail                 |                                             |                                     |
| 15. Workers Compensation      | 110,330,646                                 | +2.7%                               |
| 16. Other _____               |                                             |                                     |
| Line of Insurance             |                                             |                                     |



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See cover letter;  
(Adopt 1/1/09 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

*Amended Effective Date*

INDEMNITY INSURANCE COMPANY of N. AMERICA  
Name of Company

Steve Kreider – WC Associate Product Manager  
Official — Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

JUN 01 2009

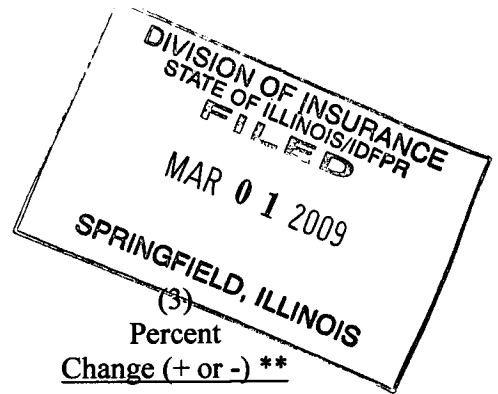
SPRINGFIELD



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revisions effective 03/01/2009



| (1)<br><u>Coverage</u>                | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -) **</u> |
|---------------------------------------|-----------------------------------------------------|----------------------------------------------|
| 1. Automobile Liability               |                                                     |                                              |
| Private Passenger                     |                                                     |                                              |
| Commercial                            |                                                     |                                              |
| 2. Automobile Physical Damage         |                                                     |                                              |
| Private Passenger                     |                                                     |                                              |
| Commercial                            |                                                     |                                              |
| 3. Liability Other Than Auto          |                                                     |                                              |
| 4. Burglary and Theft                 |                                                     |                                              |
| 5. Glass                              |                                                     |                                              |
| 6. Fidelity                           |                                                     |                                              |
| 7. Surety                             |                                                     |                                              |
| 8. Boiler and Machinery               |                                                     |                                              |
| 9. Fire                               |                                                     |                                              |
| 10. Extended Coverage                 |                                                     |                                              |
| 11. Inland Marine                     |                                                     |                                              |
| 12. Homeowners                        |                                                     |                                              |
| 13. Commercial Multi-Peril            |                                                     |                                              |
| 14. Crop Hail                         |                                                     |                                              |
| 15. Other <u>Workers Compensation</u> | 3,205,256                                           | 29.20%                                       |
| Line of Insurance                     |                                                     |                                              |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
All classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
We will adopt NCCI loss costs as approved in NCCI circular IL-2008-13 using a loss costs multiplier of 1.727 with the exception of classes except 0037, 0050, 0083, 2014, 4583, 8215, 8304, 8742, and 8810 where we will adopt the Assigned Risk rate due to poor loss experience.

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Michigan Millers Mutual Insurance Company

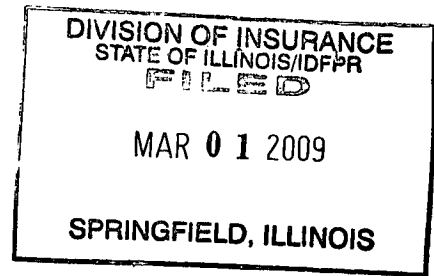
Name of Company

Tom Lindell -- Executive Vice President

Official - Title

Form (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revisions effective 03/01/2008

| (1)                                    | (2)                                          | (3)                                   |
|----------------------------------------|----------------------------------------------|---------------------------------------|
| <u>Coverage</u>                        | <u>Annual Premium<br/>Volume (Illinois)*</u> | <u>Percent<br/>Change (+ or -) **</u> |
| 1. Automobile Liability                |                                              |                                       |
| Private Passenger                      |                                              |                                       |
| Commercial                             |                                              |                                       |
| 2. Automobile Physical Damage          |                                              |                                       |
| Private Passenger                      |                                              |                                       |
| Commercial                             |                                              |                                       |
| 3. Liability Other Than Auto           |                                              |                                       |
| 4. Burglary and Theft                  |                                              |                                       |
| 5. Glass                               |                                              |                                       |
| 6. Fidelity                            |                                              |                                       |
| 7. Surety                              |                                              |                                       |
| 8. Boiler and Machinery                |                                              |                                       |
| 9. Fire                                |                                              |                                       |
| 10. Extended Coverage                  |                                              |                                       |
| 11. Inland Marine                      |                                              |                                       |
| 12. Homeowners                         |                                              |                                       |
| 13. Commercial Multi-Peril             |                                              |                                       |
| 14. Crop Hail                          |                                              |                                       |
| 15. Other <u>Workers' Compensation</u> | 3,887,272                                    | 29.20%                                |
| Line of Insurance                      |                                              |                                       |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
All territories and all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
Using NCCI Circular IL-2008-13, we have used our company Loss Cost Modifier of 1.727 for all classes except 0037, 0050, 0083, 2014, 4583, 8215, 8304, 8742, and 8810 where we will use a loss costs multiplier of 2.032 due to poor loss experience.

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Michigan Millers Mutual Insurance Company  
Name of Company

Tom Lindell -- Executive Vice President  
Official - Title

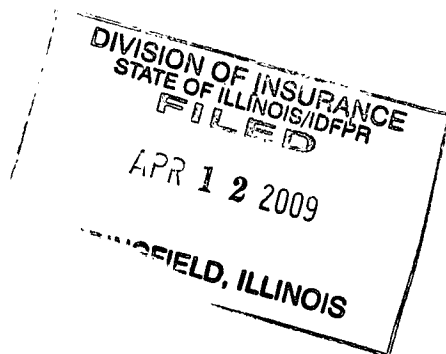
| Change in Company's premium or rate level produced by rate revision effective April 1, 2009 |                                    |                            |
|---------------------------------------------------------------------------------------------|------------------------------------|----------------------------|
| (1)                                                                                         | (2)                                | (3)                        |
| Coverage                                                                                    | Annual Premium Volume (Illinois) * | Percent Change (+ or -) ** |
| 1. Automobile Liability                                                                     |                                    |                            |
| Private Passenger                                                                           |                                    |                            |
| Commercial                                                                                  |                                    |                            |
| 2. Automobile Physical Damage                                                               |                                    |                            |
| Private Passenger                                                                           |                                    |                            |
| Commercial                                                                                  |                                    |                            |
| 3. Liability Other Than Auto                                                                |                                    |                            |
| 4. Burglary and Theft                                                                       |                                    |                            |
| 5. Glass                                                                                    |                                    |                            |
| 6. Fidelity                                                                                 |                                    |                            |
| 7. Surety                                                                                   |                                    |                            |
| 8. Boiler and Machinery                                                                     |                                    |                            |
| 9. Fire                                                                                     |                                    |                            |
| 10. Extended Coverage                                                                       |                                    |                            |
| 11. Inland Marine                                                                           |                                    |                            |
| 12. Homeowners                                                                              |                                    |                            |
| 13. Commercial Multi-Peril                                                                  |                                    |                            |
| 14. Crop Hail                                                                               |                                    |                            |
| 15. Other                                                                                   |                                    |                            |
| Workers Compensation                                                                        | \$2,782,000                        | 9.8%                       |
| Line of Insurance                                                                           |                                    |                            |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: Yes, we are proposing an upward deviation of 1.176 for contractors, artisan contractor classes and automotive classes 8380 and 8393.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are proposing an upward deviation of 1.176 for contractors, artisan contractors classes and automotive classes 8380 and 8393.

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.



Mid-Century Insurance Company  
 Name of Company

*James J. Gebhard*  
 James J. Gebhard, FCAS, MAAA  
 Actuary, Workers Compensation

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

03/01/09

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+or-)** |
|-------------------------------|---------------------------------------------|-----------------------------------|
| 1. Automobile Liability       |                                             |                                   |
| Private Passenger             |                                             |                                   |
| Commercial                    |                                             |                                   |
| 2. Automobile Physical Damage |                                             |                                   |
| Private Passenger             |                                             |                                   |
| Commercial                    |                                             |                                   |
| 3. Liability Other than Auto  |                                             |                                   |
| 4. Burglary and Theft         |                                             |                                   |
| 5. Glass                      |                                             |                                   |
| 6. Fidelity                   |                                             |                                   |
| 7. Surety                     |                                             |                                   |
| 8. Boiler & Machinery         |                                             |                                   |
| 9. Fire                       |                                             |                                   |
| 10. Extended Coverage         |                                             |                                   |
| 11. Inland Marine             |                                             |                                   |
| 12. Homeowners                |                                             |                                   |
| 13. Commercial Multi-Peril    |                                             |                                   |
| 14. Crop Hail                 |                                             |                                   |
| 15. Workers' Compensation     | 5,534,894                                   | 4.2%                              |
| 16. Other                     |                                             |                                   |

Does filing only apply to certain territory(ies) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.)  
 Adoption of NCCI Loss cost and expense constant change to \$350.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

North American Specialty Insurance Company

Name of Company

Linda Snook, Compliance Specialist

Official -- Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/09

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>\$1,325,653</u>                          | <u>+3.8 %</u>                       |
| Line of Insurance                     |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory

organization, Division of Insurance

STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2009

SPRINGFIELD, ILLINOIS

Adoption of the NCCI Loss Costs IL-2008-13  
Maintaining the current multiplier. We  
are also filing a revision to our  
Installment Premium Payment Plan.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

OneBeacon America Insurance Company

Name of Company

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**RECEIVED**

DEC 29 2008

SPRINGFIELD, ILLINOIS

*Cheryl R. Turner*

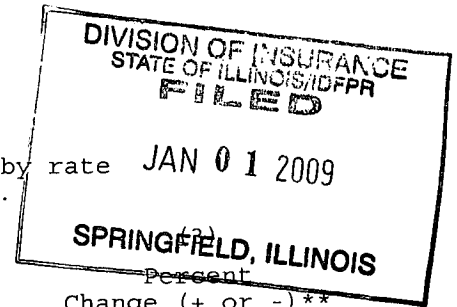
Cheryl R. Turner, Assistant Vice President Workers  
Compensation

Official -Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate JAN 01 2009  
 revision effective 1/1/09



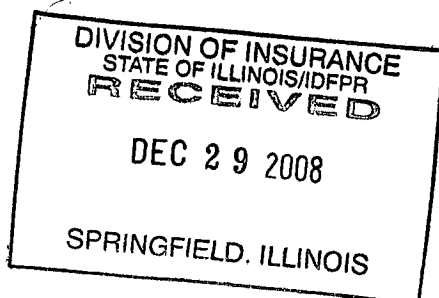
| (1)                                   | (2)                                          | (3)                                  |
|---------------------------------------|----------------------------------------------|--------------------------------------|
| <u>Coverage</u>                       | <u>Annual Premium<br/>Volume (Illinois)*</u> | <u>Percent<br/>Change (+ or -)**</u> |
| 1. Automobile Liability               |                                              |                                      |
| Private Passenger                     |                                              |                                      |
| Commercial                            |                                              |                                      |
| 2. Automobile Physical Damage         |                                              |                                      |
| Private Passenger                     |                                              |                                      |
| Commercial                            |                                              |                                      |
| 3. Liability Other Than Auto          |                                              |                                      |
| 4. Burglary and Theft                 |                                              |                                      |
| 5. Glass                              |                                              |                                      |
| 6. Fidelity                           |                                              |                                      |
| 7. Surety                             |                                              |                                      |
| 8. Boiler and Machinery               |                                              |                                      |
| 9. Fire                               |                                              |                                      |
| 10. Extended Coverage                 |                                              |                                      |
| 11. Inland Marine                     |                                              |                                      |
| 12. Homeowners                        |                                              |                                      |
| 13. Commercial Multi-Peril            |                                              |                                      |
| 14. Crop Hail                         |                                              |                                      |
| 15. Other <u>Workers Compensation</u> | <u>\$12,284</u>                              | <u>-19.7 %</u>                       |
| <u>Line of Insurance</u>              |                                              |                                      |

Does filing only apply to certain territory (territories) or certain classes?  
 If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2008-13  
 We are amending the multiplier to 1.00. We are also filing a revision to our Installment Premium Payment Plan.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

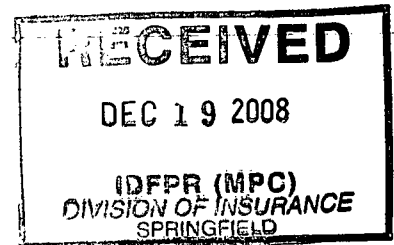
OneBeacon Insurance Company  
 Name of Company



*Cheryl R. Turner*

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title



Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>10,918,146</u>                           | <u>0.5%</u>                         |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/09 and revising our current loss cost multipliers.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFP  
FILED

FEB 1 2 2009

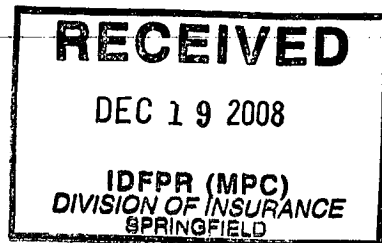
SPRINGFIELD, ILLINOIS

Selective Insurance Company of  
South Carolina

Name of Company

Tracy Potter  
State Filing Specialist

Official - Title



Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

| (1)<br>Coverage                       | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|---------------------------------------|---------------------------------------------|-------------------------------------|
| 1. Automobile Liability               |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 2. Automobile Physical Damage         |                                             |                                     |
| Private Passenger                     |                                             |                                     |
| Commercial                            |                                             |                                     |
| 3. Liability Other Than Auto          |                                             |                                     |
| 4. Burglary and Theft                 |                                             |                                     |
| 5. Glass                              |                                             |                                     |
| 6. Fidelity                           |                                             |                                     |
| 7. Surety                             |                                             |                                     |
| 8. Boiler and Machinery               |                                             |                                     |
| 9. Fire                               |                                             |                                     |
| 10. Extended Coverage                 |                                             |                                     |
| 11. Inland Marine                     |                                             |                                     |
| 12. Homeowners                        |                                             |                                     |
| 13. Commercial Multi-Peril            |                                             |                                     |
| 14. Crop Hail                         |                                             |                                     |
| 15. Other <u>Workers Compensation</u> | <u>9,305,357</u>                            | <u>8.4%</u>                         |
| <u>Line of Insurance</u>              |                                             |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

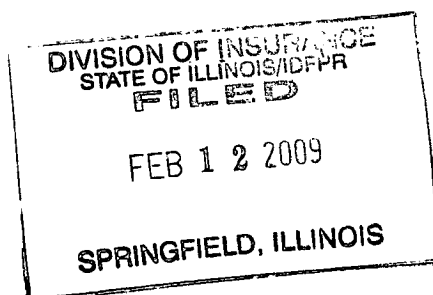
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/09 and revising our current loss cost multipliers.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Selective Insurance Company of  
the Southeast

Name of Company

Tracy Potter  
State Filing Specialist

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-09

| (1)<br><u>Coverage</u>                                        | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1. Automobile Liability Private<br>Passenger Commercial       |                                                     |                                             |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |                                                     |                                             |
| 3. Liability Other Than Auto                                  |                                                     |                                             |
| 4. Burglary and Theft                                         |                                                     |                                             |
| 5. Glass                                                      |                                                     |                                             |
| 6. Fidelity                                                   |                                                     |                                             |
| 7. Surety                                                     |                                                     |                                             |
| 8. Boiler and Machinery                                       |                                                     |                                             |
| 9. Fire                                                       |                                                     |                                             |
| 10. Extended Coverage                                         |                                                     |                                             |
| 11. Inland Marine                                             |                                                     |                                             |
| 12. Homeowners                                                |                                                     |                                             |
| 13. Commercial Multi-Peril                                    |                                                     |                                             |
| 14. Crop Hail                                                 |                                                     |                                             |
| 15. Other <u>Workers' Compensation</u><br>Line of Insurance   | \$36,900,863                                        | +4.2%                                       |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

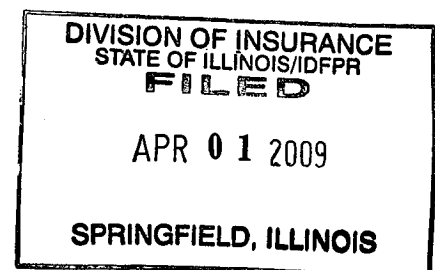
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 1/1/2009 loss costs and miscellaneous rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

State Farm Fire and Casualty Company  
Name of Company

Gregory S. Girard, F.C.A.S., MAAA  
Actuary and Assistant Secretary-Treasurer  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

4/1/2009

| (1)                           | (2)                                          | (3)                                  |
|-------------------------------|----------------------------------------------|--------------------------------------|
| <u>Coverage</u>               | <u>Annual Premium<br/>Volume (Illinois)*</u> | <u>Percent<br/>Change (+ or -)**</u> |
| 1. Automobile Liability       |                                              |                                      |
| Private Passenger             |                                              |                                      |
| Commercial                    |                                              |                                      |
| 2. Automobile Physical Damage |                                              |                                      |
| Private Passenger             |                                              |                                      |
| Commercial                    |                                              |                                      |
| 3. Liability Other Than Auto  |                                              |                                      |
| 4. Burglary and Theft         |                                              |                                      |
| 5. Glass                      |                                              |                                      |
| 6. Fidelity                   |                                              |                                      |
| 7. Surety                     |                                              |                                      |
| 8. Boiler and Machinery       |                                              |                                      |
| 9. Fire                       |                                              |                                      |
| 10. Extended Coverage         |                                              |                                      |
| 11. Inland Marine             |                                              |                                      |
| 12. Homeowners                |                                              |                                      |
| 13. Commercial Multi-Peril    |                                              |                                      |
| 14. Crop Hail                 |                                              |                                      |
| 15. Other                     |                                              |                                      |
| Workers' Compensation         | \$9,203,141                                  | 3.90%                                |
| Line of Insurance             |                                              |                                      |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the list of  
credited classes to delete 3066 and add 3076 since NCCI has discontinued class 3066.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting  
NCCI Loss Costs (IL-2008-07). There is no change to our Loss Cost Multipliers.

\*Adjusted to reflect all prior rate changes.

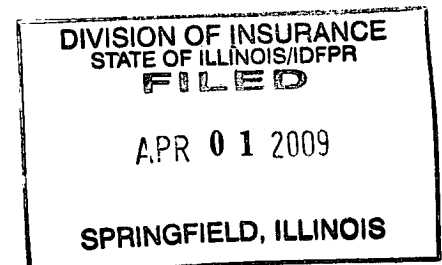
\*\*Change in Company's premium level which will result from application of new rates.

United Fire & Casualty

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title



## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

03/01/09

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+or-)** |
|-------------------------------|---------------------------------------------|-----------------------------------|
| 1. Automobile Liability       |                                             |                                   |
| Private Passenger             |                                             |                                   |
| Commercial                    |                                             |                                   |
| 2. Automobile Physical Damage |                                             |                                   |
| Private Passenger             |                                             |                                   |
| Commercial                    |                                             |                                   |
| 3. Liability Other than Auto  |                                             |                                   |
| 4. Burglary and Theft         |                                             |                                   |
| 5. Glass                      |                                             |                                   |
| 6. Fidelity                   |                                             |                                   |
| 7. Surety                     |                                             |                                   |
| 8. Boiler & Machinery         |                                             |                                   |
| 9. Fire                       |                                             |                                   |
| 10. Extended Coverage         |                                             |                                   |
| 11. Inland Marine             |                                             |                                   |
| 12. Homeowners                |                                             |                                   |
| 13. Commercial Multi-Peril    |                                             |                                   |
| 14. Crop Hail                 |                                             |                                   |
| 15. Workers' Compensation     | 19,844,077                                  | 4.2%                              |
| 16. Other                     |                                             |                                   |

Does filing only apply to certain territory(ies) or certain classes? If so, specify:  
No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization.  
Adoption of NCCI Loss cost and expense constant change to \$350.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Westport Insurance Corporation

Name of Company

Linda Snook, Compliance Specialist

Official - Title